

# Positive Alternatives for Pregnancy and Parenting Grant Program

**Solicitation Name** Positive Alternatives for Pregnancy

**Solicitation Number** DPH0000126

## Cost Proposal

### Section 5 - C

Unless otherwise specified in the eRFQ or contract agreement, all pricing should be based on the eRFQ (i.e., shipping, postage, etc.). Supplement

## OFFEROR INFORMATION

**Company Name** Life Resources of Georgia, Inc.  
**Address** \_\_\_\_\_  
**Address 2** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_

## BUDGET DETAIL

### DESCRIPTION OF SERVICES

1	Personal Services (Salaries)
2	Regular Operating
3	Travel
4	Equipment
5	Facility Costs
6	Per Diem/Fees
7	Telecommunications
8	Other--specify: Grant Meeting/Orientation/Training Expenses
9	Provider Costs (Please leave this line blank. Costs to be determined by the State)
10	
11	
12	
13	
14	

Positive Alternatives for Pregnancy and Parenting Grant Program

*\* This total cost is the amount that should be entered*

I attest the information contained in this Cost Proposal Worksheet is an accurate event.

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Printed Name**

## Positive Alternatives for Pregnancy and Parenting Grant Program

Date \_\_\_\_\_

## Worksheet

## Post Proposal

be inclusive of all costs associated with providing the services outlined in the  
al Cost Data is neither required nor desired.

## FORMATION

Contact Name	Christina Middleton
--------------	---------------------

## Title

**Phone Number**

## Email Address

## SUMMARY

[illegible]

Positive Alternatives for Pregnancy and Parenting Grant Program

<b>Total Projected Annual Costs</b> <i>as the bid in Team Georgia Marketplace/Peoplesoft</i>	<b>\$189,400.00</b>
---	---------------------

urate estimate of our organization's financial proposal for this bid